



PROGRAM MODIFICATION APPLICATION

(Private Career Schools Only)

Before completing this form, please read the following summary of the regulations regarding program modifications contained in Section 13B.01.01.05A of the Code of Maryland Regulations (COMAR).

A school must notify the Secretary of Higher Education of proposed modifications to an approved program at least 60 days prior to the proposed date of implementation.

The program modification may not be implemented until a final decision letter has been issued.

- This is an application; approval is not guaranteed.
- There is no fee required to request a program modification at a Maryland private career school.
- Please consult with other agencies, licensing boards, accreditors, and the Maryland State Approving Agency (SAA) (“Veterans Affairs”) as necessary to ensure that your program will continue to be in compliance with their rules and regulations even if the modification is approved.

Substantial modifications may include, but are not limited to:

- an increase or decrease in the number of hours required in the program;
- a redistribution of the hours of a program;
- a change in the program objectives;
- changes in the requirement for admission and/or satisfactory completion, or both;
- changes in the sequence of instructional hours;
- changes in the program title; and
- changes in the credential awarded upon completion of the program.

Considerations you must make prior to submitting a Program Modification application:

- Staffing (Is it adequate?)
- Financial Guarantee (Does the financial guarantee cover total tuition liability?)
- Facility Space, Resources, Equipment (Is it sufficient?)

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INSTRUCTIONS:

1. Complete the Modification Application.
 2. Save the application and change the filename to the following naming convention:
School Name_Modification Application_Date.
 3. Send the following in one email to pcs.mhec@maryland.gov :
 - a. Completed Modification Application. Please double check your submission for accuracy.
 - b. Draft copy of the updated Catalog
 - c. Draft copy of relevant student-facing documents as applicable (e.g., updated Enrollment Agreement, Transcript, Account Card)
 4. Please do not forward links to cloud storage repositories (e.g., Google Drive, DropBox, etc.). You may reduce file sizes by compressing files (zip files) or reducing image quality.
 5. Please do not encrypt or password-protect your files.
-

Date Application is Received by MHEC (for internal MHEC use only) _____

SECTION I: BACKGROUND INFORMATION

Please provide the information below:

Name of Private Career School _____

Contact for Private Career School & Title _____

Telephone _____

Email Address _____

Name of Program(s) to be Modified _____

SECTION II: WHAT ARE THE PROPOSED MODIFICATIONS?

Your school is proposing to modify (*select all that apply*):

Please double check that the boxes selected are accurate.

- | | |
|--|--|
| <input type="checkbox"/> Program Title | <input type="checkbox"/> Curriculum |
| <input type="checkbox"/> Program Objectives | <input type="checkbox"/> Schedule Options |
| <input type="checkbox"/> Entrance/Admissions Requirements | <input type="checkbox"/> Maximum Student Enrollment
(related to financial guarantee) |
| <input type="checkbox"/> Graduation Requirements | <input type="checkbox"/> Student: Instructor Ratio (related to
classroom space and educational
soundness) |
| <input type="checkbox"/> Credential Earned (e.g. certificate,
diploma) | <input type="checkbox"/> Tuition, fees, and/or costs |
| <input type="checkbox"/> Course Sequence | |
| <input type="checkbox"/> Clock Hours | |
| <input type="checkbox"/> Other Change(s) (Please briefly state what the change(s) would be): | |

SECTION III: WHY ARE THE PROGRAM MODIFICATIONS PROPOSED?

Provide a rationale for the proposed modifications to the approved program(s).

SECTION IV: WHAT IS THE SCHOOL'S PLAN FOR IMPLEMENTING THE PROPOSED PROGRAM MODIFICATIONS?

Please explain how the school would implement the modifications.

Please explain what considerations the school has given to the effects of the proposed modifications.

Please explain how currently enrolled students will be affected by the program modifications.

Please explain how the school has addressed staffing considerations. If staffing changes have not been considered, please explain why (in detail).

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Please explain how the proposed modification(s) will impact the financial guarantee. If the financial guarantee is not impacted, please explain why (in detail).

SECTION V: SUPPLEMENTAL DOCUMENTATION

Attach with your Modification Application any relevant supplemental documentation (e.g., revised School Catalog; Enrollment Agreement; Transcript; Account Card; Personnel Forms; **legible** blueprint with accurate dimensions clearly identified for each room; copy of financial guarantee; approval letters from agencies, accreditors, or licensing boards; etc.)

SECTION VI: AFFIDAVIT

I do solemnly declare and affirm under the penalty of perjury that the contents of the foregoing documents are true and correct.

Name of School Administrator (*please type or print*)

Signature of School Administrator (*please physically sign*)

Title of School Administrator

Date